



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

RECEIVED

AUG 02 2012

DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)

- ☐ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. C53-15903C@² WRIA 32

DATE ACCEPTED 10 / 17 / 2012 BY KT

FEE \$ 93.00 REC'D _____ / _____ / _____

CHECK No. _____

ECY Coding: 001-002-WR10285-000011

SEPA: ☒ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Mr. Quentin Schwenke</u>	PHONE NO. <u>(509) 529-2725</u>	FAX NO. <u>()</u>
ADDRESS <u>3422 Powerline Rd</u>		
CITY <u>Walla Walla</u>	STATE <u>Washington</u>	ZIP CODE <u>99362</u>
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. <u>()</u>	FAX NO. <u>()</u>
ADDRESS		
CITY	STATE	ZIP CODE

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>Surface Water Cert. No. 7832</u>	RECORDED NAME(S) <u>Quentin Schwenke</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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APP. NO. 15903 PERMIT NO. 11807 CERT. NO. 7832 CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Mill Creek	1	NW	SE	28	7	35E	350728310008	

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Mill Creek	1	SE	SW	28	7	35E	350728310007	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?
EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: No Change Proposed

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrigation of 130 acres	0.279		3/1 - 3/31
	0.689		4/1 - 4/31 (sic)
	0.1.11		5/1 - 5/31
	1.86		6/1 - 6/15
	0.373		10/1 - 10/31
	1.86	214.23	11/1 - 2/28

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use: No Change Proposed

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:
See attached TWR ROE for Cert. No. 7832

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
			7	35E	Walla Walla	Various	

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): WW Adj. Cert. 462

6. Remarks and Other Relevant Information:

This change proposes to move the existing point of diversion on Mill Creek approximately 675 feet downstream of the proposed point. The former point of diversion was for the "Stiller Ditch", which has recently been piped as part of a State-funded irrigation efficiency project. The existing point of diversion no longer provides sufficient depth for the pump to provide the quantities of water remaining for irrigation purposes after the project was installed. This right is also currently subject to a WW Watershed Management Partnership Local Water Plan, which has temporarily added shallow aquifer recharge as a purpose of use. A copy of the Local Water Plan is attached. NOTE: THIS CHANGE IS ALSO PROPOSED TO APPLY TO THAT PORTION OF THIS RIGHT COMING OUT OF TRUST ON 10/31/2029


IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.


(Applicant)

7/25/12
(Date)


(Water Right Holder)

7/25/12
(Date)


(Land Owner(s) of Existing Place of Use)

7/25/12
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____